

Nursing

PROGRESS NOTES

THE UNIVERSITY OF TEXAS
MD ANDERSON
CANCER CENTER
Making Cancer History®

SUMMER 2006

A MESSAGE FROM OUR Chief Nursing Officer

Dear Colleagues,

There have been dozens of new patient safety initiatives implemented across the institution following the release of the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) 2006 National Patient Safety Goals, and the vast majority of them have depended on the hard work of nurses for their success.

Communication was streamlined and standardized by the new shift-to-shift and hand-off reports. Our medication reconciliation process has already proved effective in preventing medication errors. The Fall Reduction Program/Policy has been revised, and nursing staff completed the associated computer-based training in mid-September. The new Alaris Medley Infusion System provides a significant upgrade in capability than the previous system and enhances the safe delivery of intravenous solutions and medication.

We will have JCAHO consultants in the house to take us through an operational assessment (mock survey) Oct. 23–27. The mock survey will be useful in providing us with a sense of our level of preparation for an anticipated, unannounced survey that will occur any time between Jan. 1 and Dec. 31, 2007.

Our Community of Exceptional Nurses Engaged in Extraordinary Practice has always been committed to ensuring the safest possible environment for our patients. And with your help, we'll continue to be the patient safety vanguard.

Barbara Summers, Ph.D., RN
Vice President and Chief Nursing Officer

NURSING WORKFORCE COHORTS: More help for nurses in degree programs

“My husband and I have talked about maybe starting a family if I ever finished school.” That’s how Ricci Stephenson, LVN, P7, sums up her thoughts about being within a few weeks of graduating from M. D. Anderson’s LVN-to-RN cohort program. “I’ve been working and going to school such a long time. They’ve been kidding me on the unit about the family thing.”

Stephenson had been attending nursing school on a part-time basis for “a very long time” before she learned about the program, implemented in Spring 2005. The LVN-to-RN cohort program provides upfront financial support for tuition,

fees and books, along with tutoring at no charge and eight hours per week of paid release time to enable participants to complete their clinical rotations.

“I meet a lot of people who work in the medical center in my classes, and when they hear about the support I’ve gotten through this program, they are amazed. All the time, people tell me, ‘I wish my job offered that.’”



Andrea Downey, RN, clinical nurse, P12, is pursuing an MSN in Nursing Leadership with the support of a cohort program

Continued on page 3



NURSING RESIDENCY PROGRAM: Looking back and ahead

The Launch into Nursing Residency Program is divided into three parts: education, work-place resources and socialization.

“It’s difficult being a new nurse,” says Diana Bills, RN, clinical nurse on P8. “But, the program here has better prepared me for the challenges I now face.”

As a recent graduate of the Launch into Nursing Residency Program, Bills is reaping the benefits of the skills and experience she gained over the past year. Bills is one of 65 graduates who now work here full time.

The Launch into Nursing Residency Program is divided into three parts: education, work-place resources and socialization. Residents had the option of taking a graduate level course in clinical leadership. They attended a lecture one day each month, learning about a variety of topics including leadership styles, evidence-based practice, and breaking bad news.

Residents are also offered information about all the resources M. D. Anderson has to offer. The questions, “Where do I go to...,” and “Who do I talk to about...,” are answered in activities such as an in-depth tour of the facility, a review of the professional nursing clinical ladder, discussions about diversity, and learning about what Employee Health and Well-being has to offer. Socialization, the third portion of the program, is encouraged through activities such as breakfasts, social exercises and receptions.

Bills discusses some of the important benefits of going through the program. “It was great to get detailed information on subjects like death and dying, documentation and cancer—topics we barely covered in school.” Bills also knows how important it is to have other nurses there to support her in the daily challenges, so she works closely with a new resident slated to go through the program this year.

Alicia Daniels, RN, a co-worker on P8, appreciates having Bills around. “Diana’s great about making sure I’m there when she’s working on something like hanging blood or administering chemotherapy so I can learn. I know I’ll be looking to her as I go through the program.” Both Daniels and Bills speak highly about the support and learning opportunities they receive from other colleagues and leaders in their unit.

Daniels is one of 65 residents in next year’s program. She’s excited about walking down the path and receiving her certificate of completion as the residency graduates did at Spaghetti Warehouse this past June. Jan Keller, RN, director, Nursing Workforce Planning and Development, is excited about the success of last year’s residents and bringing in a new cohort of newly graduated nurses. “Watching how the nurses develop professionally and personally over the course of a year is very rewarding,” she says. “The issues we discuss are so important to ensuring that we grow clinical leaders who are comfortable in a critical thinking environment.”

Based on feedback, the program has undergone some tweaking. They’re more aware of issues such as overloading residents with educational information, when to present that information, unit leadership support and more support for clinical coaches (experienced nurses who pair with the new graduates in the clinical area).

After discovering all the program and M. D. Anderson has to offer, Bills has made perhaps the best discovery of all. “I’ve found that I’m capable of being a great nurse. You sometimes doubt yourself and wonder whether or not you’ll be able to do all these things you learn and provide the care to the patient, but I’ve learned that I have it in me.”

Pictured above from left to right: Kasey Matura, RN, P2; Tessie DeLeon, RN, G12SW; Don Neilssien, RN, CCV; and Nkechi Onyedum, RN, P10



Fung Poon puts herself “in the patients’ shoes”

“You look at things from the patient’s perspective and you understand what they need and you fill that need. When you can do that the patient is happy, you’re happy and everyone’s happy.”

Fung Poon has been a nursing assistant on P3 for nearly two years, and she loves her job. She sees every day as a challenge because she encounters so many different patients in a fast paced and constantly changing environment. She views every interaction with her patients and colleagues as a learning experience.

Poon came to the United States from China, where she’d enjoyed a 27-year long career as a general nurse, working at the Queen Elizabeth Hospital and the Eye Hospital in Hong Kong. She said that growing up in China you couldn’t help but be aware of M. D. Anderson and its reputation as a world-class cancer facility, but she never imagined that one day she would work here.

In 2003, Poon joined her family in the U.S. With two children – a daughter who was 16 at the time and a son who was 13 – she wanted more options, particularly in terms of higher education.



Upon arriving in Houston, Poon took a job at a restaurant while she worked to obtain her Texas nurse aide certification (TCNA). Once she received it, she came to work at M. D. Anderson and the rest is history.

Poon is one of approximately 400 nursing assistants at M. D. Anderson who perform vital tasks such as bathing, feeding and assisting patients in walking or moving, and making sure the patient care environment is hygienic. They assist the nursing care team by receiving patients and obtaining routine data such as vital signs, dietary needs, ambulatory functioning issues and patient concerns, and nurses incorporate this data into the patient care plan.

Every day, she says, she feels a part of a strong, multidisciplinary team working on the patients’ behalf. She feels motivated whenever patients show improvements.

When asked how she would sum up her experience, Poon had this to say: “I am proud of being a nursing assistant because I can take part in caring for the patients. I would like to tell every nursing assistant that we are important on the team and we can do the best for the patients if we can be in their shoes. I would like to let people know that I love my job. Being able to help people in need is a rewarding experience.”

NURSING DEVELOPMENT *(continued from page 1)*



Stephenson will graduate Dec. 9. Two others graduated earlier this year: Cassandra Spann and Edward Waiter.

Since last year, M. D. Anderson has developed four nursing workforce cohort programs. Besides the LVN-to-RN cohort, there is an RN-to-BSN cohort, an MSN in Nursing Leadership cohort and a general nursing (ADN) cohort to start with the Spring 2008 semester. Each program offers upfront tuition assistance up to \$4,000, tutoring at no charge, and the full support of Nursing management in terms of flexible work scheduling. The LVN-to-RN and MSN Leadership programs also offer paid release time.

“My associate director encourages us to apply,” says Andrea Downey, RN, clinical nurse on P12. When the MSN in Nursing Leadership cohort program launched in 2005, BSN-prepared nurses had the opportunity to

apply for a spot in The University of Texas School of Nursing at either the Houston or Galveston campus, with the stipulation that they graduate by May 2008. Prior to participating in the cohort, Downey had been working on an MSN at Texas Woman’s University, and continues to do so simultaneously.

“This program is a great opportunity to help nurses prepare for the future,” says Downey. “I am really excited to be in school right now, and even happier that M. D. Anderson is supporting nursing through education.”

We look forward to additional students becoming part of our cohorts. Advancing one’s education benefits everyone: from staff members engaged in continuous learning, helping the organization stay at the forefront of discovery as they apply their evidence-based practice, to our patients who receive state-of-the-art care.

Stephenson is elated about her experience. “My manager has been like a cheerleader for me, and I can’t thank our nursing management enough for creating this program.”

If you have questions about any of the nursing workforce cohorts, contact Kelly Meekins at (713) 792-4280.



PACT eliminates use of meat tenderizer for unclogging feeding tubes



Some use carbonated drinks to clear them. Meat tenderizer is an old standby, too, and has been standard procedure taught in nursing schools and textbooks for years.

There are a number of ways to unclog feeding tubes, but what, really, is the best way?



This question was brought forward to the Nursing Practice Congress (NPC) by Ginny Bowman, RN, advanced practice nurse on P11, at its second meeting in March. In addition to methods for unclogging the tubes, she noted other inconsistencies in feeding-tube practice, for example, how to check that the tube is in the correct position, and whether and when to delay or discontinue tube feeding if the patient feels full.

NPC wheels begin to turn

The NPC provides the mechanism by which anyone in the M. D. Anderson nursing community can raise nursing practice concerns, ask questions and participate in the resolution of those concerns.

When an item is brought to the Congress (submitted by any nurse in the institution), delegates must decide how best to address it. Options include disseminating currently available information to staff, developing a professional action coordinating team (PACT), or delegating the issue to an existing working committee or PACT.

It was agreed in this case that a PACT would be formed to tackle the feeding-tube practice questions. A call for membership went out institution wide, and a multidisciplinary team was put together.

“The first thing we did was to go out into the institution and investigate current practices,” explains Bowman. “Then the team reviewed all the current, available literature and published research.” What they found was that no two areas managed the tubes in the same way.

The PACT will make its recommendations to the NPC on verification of tube placement; residuals; order set development; patient education; misconnections; medication administration; and occlusion (including the use of pancreatic enzyme solution for unclogging tubes). When the NPC accepts these recommendations, the PACT will begin working with the Policy and Procedure Committee and on updating materials.

PACTs get things done fast

The PACT method of seeking resolution to problems enables multidisciplinary teams to handle specific issues from beginning to end. Small, specialized teams can move the process along faster than if matters went immediately to an institutional committee. Except for a few, longer-term projects, a PACT is disassembled once its assigned issue has been resolved.

Other issues addressed by the NPC:

- Medication administration
- STAT lab draws
- Chest tube care
- Nurse-to-nurse hand off concerns
- Radiation transfer
- Telephone report documentation

PACT participation anywhere, anytime

New methods are being developed for all shifts to be able to participate in PACTs. By using computer-based bulletin boards, accessible by the PACT members, all staff will be able to participate in the discussions and solutions to current nursing issues, broadening opportunities for off-shift involvement. In addition, an NPC database is under development that will allow all nurses the ability to search issues (past and current) and get up-to-date information on each PACT. By the end of the year, NPC meetings will be televised on MDA-TV.

The Nursing Practice Congress encourages every nurse to empower him or herself and stay current on issues that affect you within the hospital by using the Web-based applications.

Stay tuned to the Nursing at M. D. Anderson intranet site, and to Nursing News and Information, M. D. Anderson’s weekly, electronic newsletter, for NPC information that affects your nursing practice.

OR nurses on the “cutting edge” of technology

M. D. Anderson recently introduced two state-of-the-art systems in its Main Building Operating Rooms: the *BrainSUITE* and the *da Vinci* robot. With the addition of the technology, OR Nursing is focused both on providing quality patient care and meeting the unique requirements of the new technology with which it works.



BrainSUITE, a specially designed suite integrating all surgical and diagnostic tools necessary to treat complex neurosurgical cases in one operating room, hosted its first case Sept. 1. The space combines intraoperative magnetic resonance imaging (iMRI) with image-guided surgical systems and data management technologies to give neurosurgeons better information during surgery for the safe and precise removal of brain tumors. Ceiling-mounted cameras provide updated images on huge video display panels during surgery. Preparing for work in the BrainSUITE required “intense” training, according to Elena Dragan, RN, nurse manager. “I had to address two issues: the need for outstanding clinical expertise of employees assigned to the special environment and a focus on patient and employee safety due to the BrainSUITE’s magnet,” she says, adding that the magnet’s physiological effects include employee fatigue after 6-8 hours of exposure.

To work in that environment, employees must be healthy and must have completed mandatory safety training. Training included a simulated case on Aug. 19 in which the entire BrainSUITE team of nurses, surgeons, surgical technicians, an anesthesiologist and an imaging physicist participated.

“Your awareness is different,” Dragan says of working in the BrainSUITE. “You are in a highly magnetic environment. At this time the surgical instruments aren’t compatible with the iMRI; if you drop one it can migrate toward the magnet.”

She adds that the BrainSUITE represents the integration of science, surgery and art. “It’s embedded with the latest technology, dedication and outstanding clinical expertise that creates a unique venue for treating cancer.”

In July, M. D. Anderson began using the *da Vinci* Surgical System for prostatectomies. Using robotic technology, the system allows surgeons to perform minimally invasive surgery in real time while seated at a console. They operate controls that direct four robotic arms inside the patient through tiny incisions. While three of the robotic arms feature surgical instruments, a fourth includes a small camera that transmits three-dimensional images of the surgical field back to the console.

At least two nurses and one surgical technician assist with each procedure. Training involved learning the dynamics of the robot and its emergency shutdown procedures, as well as its varying instrumentation and robotic apparatus, according to Nadine Turner, RN, nurse manager.

“The technicality of the robot must be well understood to comprehend the needs of the surgeon and enhance the benefit to the patient,” Turner says. “Care and handling of the equipment are paramount. The staff must be able to rapidly convert from endoscopic to open surgery, if necessary, and care for the patient in either situation.”

Turner adds that surgical robotics is a burgeoning field with limitless possibilities. While the *da Vinci* system is currently used at M. D. Anderson for urologic procedures, there are plans to use it for other types, including gynecologic, thoracic and head and neck procedures.



Left to right: Sarah Ahmed, surgical technologist; Mei “Agnes” Yau, RN, clinical nurse; and Engijad “Ed” Didic, RN, clinical nurse prepare the *da Vinci* robot prior to surgery



CONNECTED THROUGH CARING

PCDM focuses on relationships across the care continuum

Staff came running from both sides of the unit as soon as the bright, blue cart rounded the corner on P12. They were excited to see the “TLC cart,” filled with snacks, juice and sodas, arrive. A flock descended on the cart as soon as it rolled to a stop, and a flurry of hands and arms was all that could be seen. Within minutes, the cart’s contents were depleted.



The cart is just one way for unit leadership to say, “Thank you for all your efforts” to the

entire staff. “This is the second time we’ve had the cart, and it’s extremely popular,” explains Maria Luz “Boots” Cruz, RN, assistant nurse manager on P12. “This gesture on the part of nursing management is much appreciated by everyone on the floor.”

The humble TLC cart is a small part of a larger nursing initiative, Vitality – one of the five Guiding Principles comprising M. D. Anderson’s Patient Care Delivery Model (PCDM), and the theme chosen this year for the inpatient Anderson Award project.

In order to understand how all of our Nursing initiatives fit together, and where we’re going, one has to understand the PCDM.

“Connected through Caring” is the name of our model, based on its underlying philosophy of relationship-centered care. And relationship-centered care is the cornerstone of our ability to offer unsurpassed oncology patient care at M. D. Anderson.

The PCDM has five components, or Guiding Principles: Safe and Effective Care; Skilled Communication; Connected, Continuous Care; Evidence-Based Practice; and Vitality.



MAINTAINING A CONNECTION

“Our patients frequently receive care in a variety of settings in the community, inpatient units, and outpatient centers” explains Jan Keller, RN, director, Nursing Workforce Planning and Development. “We know this requires a continuous interface among caregivers if we are to assist our patients and families throughout their cancer journey, and this guides us in terms of the types of initiatives we choose.”

The discharge nurse role was created to address these throughput challenges while maintaining connected, continuous care for patients. A nurse in the discharge role assists patients as they move from setting to setting, both within and outside of M. D. Anderson.

VITALITY: THE OPPOSITE OF BURNOUT

Healthcare providers are bombarded with stresses. Vitality – a sense of aliveness, optimism and well-being – is needed to effectively deal with them and maintain a sense of purpose and commitment, an ability to be present in the moment with patients and have a healthy perspective of events.

Vitality initiatives include flexible scheduling options; education cohorts that offer upfront financial support, tutoring, and paid release time in some programs; counseling services; and employee wellness programs.

OPENING THE LINES OF COMMUNICATION

Skilled communication – a two-way dialogue in which people think and decide together – is critical in patient care. One tool modified for our use by the PCDM team is SBAR, in which patient data is organized so that it’s presented in a coherent, consistent and logical way between healthcare team professionals, including nurses and physicians. SBAR stands for Situation; Background; Assessment; and Recommendation. The nursing shift-to-shift and patient care hand-off reports were built on this model.

Ready and waiting

JCAHO to survey M. D. Anderson in 2007

In order to maintain its accreditation by the Joint Commission on Accreditation of Healthcare Organizations (JCAHO), M. D. Anderson receives a weeklong site survey every three years. Our last survey was in 2004; there will be another in 2007.

JCAHO surveys are unannounced, meaning surveyors can show up anytime between Jan. 1 and Dec. 31, 2007. Be ready. Stay ready.

How will we know JCAHO is coming?

Every day at 7 a.m., the Quality Improvement department checks a password protected site that notifies health care organizations when a JCAHO survey is imminent. Photographs and information about surveyors assigned to a particular organization are posted on the secure site at that time.

The five surveyors, former health care providers or administrators employed by JCAHO and wearing identification badges, arrive in our lobby about an hour later, where M. D. Anderson representatives will greet them.

An e-mail bulletin will be distributed to all M. D. Anderson employees alerting them to the survey.

What should we be prepared for?

Surveyors will visit various patient care areas within the Main Building, as well as Mays Clinic and the Cancer Prevention Building. They will interview and observe staff, and review medical records and documentation to ensure compliance with M. D. Anderson policy as well as JCAHO requirements and National Patient Safety Goals.

Specific areas of focus:

- Medication management: how medications are stored and labeled, documentation of administration, reconciliation and patient identification
- Infection control practices, especially hand hygiene
- Environmental health and safety – awareness of emergency procedures, hallway obstructions
- Universal Protocol
- Hand-off communication
- Documentation: do-not-use abbreviations, legibility



Surveyors ask employees questions related to their particular jobs. If you don't know the answer to something, it's fine to look the information up and provide a response to the surveyor. It's also OK to ask for help from a co-worker. Just be sure to follow the question through.

You can learn more about JCAHO preparedness topics by visiting the JCAHO Ongoing Readiness and Nursing at M. D. Anderson JCAHO Readiness intranet sites. Surveyors from Joint Commission Resources, a JCAHO affiliate dedicated to helping health care organizations improve quality of patient care, will be at M. D. Anderson Oct. 23–27 to conduct a “mock survey” that will help us determine areas in which we need to improve. Results from that assessment will be communicated once the report is complete.

FIRST, DO NO HARM

Safe and effective care is provided to patients by staff members in an environment that is designed to promote care that is free from harm or injury. One safety initiative, the Good Catch program, was designed to enhance the positive culture for error-reporting. To encourage reporting, pilot units changed potential-error terminology from “near miss” or “close call” (which focus on error) to “good catch” (which focuses on nursing practice – the intervention that prevented the error from occurring).

Prior to Good Catch, only 175 reports had been submitted to the Close Call Reporting System during its first two and a half years. Since the Good Catch program began in December 2005, a total of 4,132 reports have been submitted.

BASED ON THE EVIDENCE

Evidence-based practice (EBP) is a shift in the culture of healthcare provision away from opinion, past practice and precedent and toward making use of research to guide clinical decision making. M. D. Anderson's EBP team has created the evidence-based resource unit nurse (EBRUN) program, which pairs nurses on each unit with mentors. These teams conduct literature searches and critique published research as they seek to answer clinical questions based on the current, available evidence.

LOOKING TO THE FUTURE

The philosophy of relationship-centered care provides a central focus that promotes choosing behaviors that advance the guiding principles that are central to providing excellent care to our M. D. Anderson patients and families.



SAVE THE DATE! Feb. 23–24, 2007



The University of Texas M. D. Anderson Cancer Center

2nd Annual Oncology Nursing Symposium

Excellence through Innovation

Call for Abstracts: *(Deadline: Oct. 16)*

The symposium planning team invites you to participate by submitting an abstract for a poster session. The submission should describe cutting-edge nursing research, leadership or clinical expertise as it relates to advances in patient care, innovative treatment modalities or integration of evidence-based practice.

Purpose:

This symposium is designed for oncology nurses, advanced nurse practitioners and other healthcare professionals. The purpose is to promote oncology nursing excellence through the exchange of knowledge and clinical expertise as it relates to advances in patient care, innovative treatment modalities and evidence-based practice.

For more information or to submit an abstract:

visit: www.mdanderson.org/conferences

Click on Conferences and scroll to 2nd Annual Oncology Nursing Symposium, or call CME/Conference Services at (713) 792-2223 or toll free at (866) 849-5866.

Nursing PROGRESS NOTES

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